Schedule E)	PAGE 1 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
Check if 24-hour report X 48-hour report New report	Amends report filed on
Full Name of Payee Lorri Anderson	Date of Public Distribution/Dissemination
	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7214 Duchamp Dr	Amount
City State Zip Coo	ode 35.00
Charlotte NC 23215	Transaction ID : 1fe94a1d-1580-4e1f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary Categ	
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 244031.5	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Lorri Anderson	Date of Public Distribution/Dissemination
	08 17 2014
Mailing Address 7214 Duchamp Dr	Amount
City State Zip Co	ode 7.50
Charlotte NC 23215	5 Transaction ID : 87d09d01-5c0a-41cd-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage Categ	
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 2440	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	42.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized commit party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Files	Ciled] Date 08 19 2014
Signature	

Schedule E)	LIVI EXI END	THORIES	_	AGE 2 OF 14 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Billy Martin			M M /	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 250 JS Brewton rd			Amount	
City	State	Zip Code		50.00
goldonna	LA	71031		: 853d566f-0a9a-4ff9-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		244031.57	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	Distribution/Dissemination
Billy Martin			08	17 / 2014
Mailing Address 250 JS Brewton rd			Amount	
City	State	Zip Code		4.20
goldonna	LA	71031		d6d1d022-cd6b-40e2-8 ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M /	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	244031.57	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures		•	54.20
(1) OUDTOTAL (11 ii i	100		1 1 2	
(b) SUBTOTAL of Unitermized Independent Exp	enditures		•	4
(c) TOTAL Independent Expenditures			>	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 19	2014
5.g				

Schedule E)	INT EXTEND	HONES	PAGE 3 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Kelly Dolan			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 543 S 2nd St			Amount
City	State	Zip Code	70.00
Bellaire	NC	77401	Transaction ID : 40234fe8-f8e3-4be2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		244031.57	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Kelly Dolan			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 543 S 2nd St			Amount
City	State	Zip Code	9.60
Bellaire	NC	77401	Transaction ID: 073e5935-5a4c-4b5e-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		244031.57	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		79.60
(1) OUDTOTAL (11)	15		
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			>
	didate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Scl	hedule E)	TO THE CONTRACT OF THE CONTRAC	PAGE 4 OF 14 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C C00530766
			M = M / D = D / Y = Y = Y
Che	eck if 24-hour report X 48-hour report New	report Amends repor	rt filed on
	Full Name of Payee ERIC TABARY		Date of Public Distribution/Dissemination
-	Mailing Address 6101 NORA ST		08 17 2014
	OIUTINOINA ST		Amount
t	City State	Zip Code	65.00
	METAIRIE LA	70003	Transaction ID: 790f2647-f341-40ca-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ı	Name of Federal Candidate	Support	Office Sought: House District:00
	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	97738.84	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	ERIC TABARY		08 17 Y Y Y Y
ľ	Mailing Address 6101 NORA ST		
			Amount
ľ	City State	Zip Code	1.20
	METAIRIE LA	70003	Transaction ID : c28397af-656b-4377-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate	Support	Office Sought: House District: 00
-	Ms. Mary L Landrieu	X Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	97738.84	Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		66.20
(b) SUBTOTAL of Unitemized Independent Expenditures		>
	TOTAL Independent Europeditures		
(1	c) TOTAL Independent Expenditures)
W	Under penalty of perjury I certify that the independent expenditurith, or at the request or suggestion of, any candidate or authorwarty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Elect	ctronically Filed] Date	08 19 2014
	Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sc	Schedule E)		PAGE 5 OF 14 FOR SE OF FORM 24/48
	AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
V	Women Speak Out PAC		C C00530766
 Ch	check if 24-hour report X 48-hour report New report Amenda	ds repor	t filed on
	Full Name of Payee		Date of Public Distribution/Dissemination
	Jeanne Tribou		08 17 2014
	Mailing Address 22369 Ponderosa Dr.		Amount
	City State Zip Code		50.00
	Mandeville LA 70471		Transaction ID: 42760cb5-0cc3-45a5-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary Category/ Type	001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Supp	pport	Office Sought: House District:00
	Ms. Mary L Landrieu Oppo		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 97738.84		Disbursement For: Primary X General 2014 Other (specify) ▶
	Full Name of Payee		Date of Public Distribution/Dissemination
	Jeanne Tribou		08 17 2014
	Mailing Address 22369 Ponderosa Dr.		Amount
	City State Zip Code		7.50
	Mandeville LA 70471		Transaction ID: a0507d38-3986-4178-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage Category/ Type	002	08 / 17 / 2014
	Name of Federal Candidate Supp	pport	Office Sought: House District: 00
	Ms. Mary L Landrieu Oppo	pose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 97738.84		Disbursement For: Primary ☐ General 2014 Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		57.50
	(b) SUBTOTAL of Unitemized Independent Expenditures		>
	(c) TOTAL Independent Expenditures		
	Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or as party committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed]	Date	08 19 2014
	Signature	Date	

Schedule E)	ENT EXILE	DITORILO	PAGE 6 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			08 / 17 / 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	60.00
Shreveport	LA	71119	Transaction ID : ac0bf693-161a-4681-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 17 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97738.84	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			08 17 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	17.10
Shreveport	LA	71119	Transaction ID: 4361bb7b-76ed-497e-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97738.84	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	litures		. ▶ 77.10
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•
(c) TOTAL Independent Expenditures			•
	didate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	08 19 2014
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Schedule E)	CHI EXIEND	ITOTILO		PAGE 7 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Tylan S Green			08	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr			Amount	
City	State	Zip Code		40.00
New Orleans	LA	70131		D: 4040d4ad-9c3f-4e7f-9 rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President >	<u> </u>
Calendar Year-To-Date Per Election for Office Sought	, , ,	244031.57	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Tylan S Green			08	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2320 Saint Nick Dr			Amount	
City	State	Zip Code		5.10
New Orleans	LA	70131		: 4964aacc-673c-49e5-9 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President >	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	244031.57	Disbursement For: 2014 Other (spe	Primary X General ecify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures			45.10
			7	7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		>	7
(c) TOTAL Independent Expenditures			·	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / 19	2014
-				

Schedule E)	INI EXI EN	SITORIES	_	AGE 8 OF 14 DR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	istribution/Dissemination
Lourdes Lopez			08	17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2936 Brushwood Ave			Amount	
City	State	Zip Code		20.00
Springdale	AR	72764		a90e0b91-9704-4de7-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		59066.28	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee			Date of Public D	histribution/Dissemination
Lourdes Lopez			M M / 08	17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2936 Brushwood Ave			Amount	
City	State	Zip Code		7.50
Springdale	AR	72764		90b8bb40-8b78-4005-a ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	17 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	59066.28	Disbursement For: 2014 Other (speci	Primary X General
(a) SUBTOTAL of Itemized Independent Expendi	tures			27.50
			7	7 4
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. >	7
(c) TOTAL Independent Expenditures			· •	41101
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 / 19	2014
-				

NAME OF COMMITTEE (In Full) Women Speak Out PAC	
Women Sheak Out PAC	ON NUMBER ▼
C C00530766	
Check if 24-hour report X 48-hour report New report Amends report filed on	Y I Y I Y
Full Name of Payee Date of Public Distribution/	Dissemination
Najib Mahmud	2014
Mailing Address 3432 Riverrock Ct Amount	
City State Zip Code	60.00
Baton Rouge LA 70820 Transaction ID : 3f2aa395- Date of Disbursement or C	
Purpose of Expenditure Salary Category/ Type 001 08 17	2014
Name of Federal Candidate Support Office Sought: House	District: 00
Ms. Mary L Landrieu	State: LA
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Primary 2014 □ Other (specify) ▶	General
Full Name of Payee Date of Public Distribution/	Dissemination
Najib Mahmud	2014
Mailing Address 3432 Riverrock Ct Amount	
City State Zip Code	5.40
Baton Rouge LA 70820 Transaction ID : 7b14a83a- Date of Disbursement or Co	
Purpose of Expenditure Mileage Category/ Type 002 M 08 17	2014
Name of Federal Candidate Support Office Sought: House	District:00
Ms. Mary L Landrieu	State: LA
Calendar Year-To-Date Per Election for Office Sought 97738.84 Disbursement For: □ Primary 2014 □ Other (specify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditures	65.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultat with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08 19 201	4

Schedule E)	JENT EXI ENL	JII OI LE	PAGE 10 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Elizabeth Allison			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 157 Bishop Drive			Amount
City	State	Zip Code	10.00
Avondale	LA	70094	Transaction ID : 8662c8b1-0da1-479e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 17 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97738.84	Disbursement For: Primary General General Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Laura Rose Porter			08 17 2014
Mailing Address 227 Fairgrounds Road			Amount
City	State	Zip Code	10.00
Natchitoches	LA	71457	Transaction ID : f9524f3d-8087-49bf-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 17 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97738.84	Disbursement For: Primary General 2014 Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		20.00
(b) SUBTOTAL of Uniternized Independent Ex	oondituroo		
(b) SOBTOTAL OF OTHER MIZE OF THE PERIOD IN LA	Jenaitares		4 4
(c) TOTAL Independent Expenditures			•
	andidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	9 08 19 7 2014

Schedule E)	IN EXILINE	TI OTILO	PAGE 11 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee	/		Date of Public Distribution/Dissemination
Laura Rose Porter			08 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 227 Fairgrounds Road			Amount
City	State	Zip Code	2.40
Natchitoches	LA	71457	Transaction ID: 98c2b015-648a-4948-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		97738.84	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Nathan Smith			08 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1247 W Mt Comfort Rd			Amount
City	State	Zip Code	52.00
Fayatteville	AR	72703	Transaction ID: 172cc964-578a-4cf4-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 17 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		59066.28	Disbursement For: Primary General 2014 General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		54.40
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			
	idate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 19 7 2014
- 3			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	101120	PAGE 12 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New report	rt Amends report file	ed on May / Dab / Yayayay
Full Name of Payee Nathan Smith		Date of Public Distribution/Dissemination
Mailing Address 1247 W Mt Comfort Rd		08 17 2014 Amount
City State 2	Zip Code	8.22
1 ·	72703	Transaction ID: 91b2a96b-14d1-44a0-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Mr. Mark L Pryor	Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 5	Dis 201	bursement For: Primary General 4 Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Danielle McCoy		08 17 2014
Mailing Address 1025 Cayley Ct		
		Amount
City State 2	Zip Code	70.00
	27260	Transaction ID: 91397d8e-ede3-4b4e-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 17 / Y Y Y Y Y
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Kay Hagan	∑ Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	244031.57 Dis 20°	bursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	78.22
(b) SUBTOTAL of Unitemized Independent Expenditures	····	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronic		08 19 2014
Signature		

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	EXI ENDIT	01120		PAGE 13 OF FOR SE OF FORM	14	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUM		
Women Speak Out PAC				C C00530766		
Check if 24-hour report X 48-hour report	X New report	Amends re	eport filed o	M = M / D = D / Y = Y	YY	
Full Name of Payee Danielle McCoy			1		YYY	
Mailing Address 1025 Cayley Ct			,	08 17 20 mount	14	
City S	tate Zi	ip Code			20.40	
	oint NC 27260			Transaction ID : 22e41644-490e-4f3e-8 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 00	02		014	
Name of Federal Candidate	ı	Support	Office S	ought: House District:	00	
Ms. Kay Hagan		X Oppose		esident State:	NC	
Calendar Year-To-Date Per Election for Office Sought	244	1031.57	Disburs 2014	ment For:	General	
Full Name of Payee				ate of Public Distribution/Dissem	nation	
Chris McCoy)14	
Mailing Address 1025 Cayley Ct				نا لنا لنا		
			1	mount		
City	State Z	ip Code			65.00	
	NC 2	27260		ansaction ID : d62eea3b-e81e-4e ate of Disbursement or Obligatio		
Purpose of Expenditure Salary		Category/ Type 00	1)14 Y	
Name of Federal Candidate		Support	Office S	ought: House District:	00	
Ms. Kay Hagan		X Oppose	F	esident Senate State:	NC_	
Calendar Year-To-Date Per Election for Office Sought		244031.57	Disburs 2014	ement For: Primary X Other (specify) ▶	General	
-						
(a) SUBTOTAL of Itemized Independent Expenditures			····· •	85	.40	
(b) SUBTOTAL of Unitemized Independent Expenditures	S		····· •			
(c) TOTAL Independent Expenditures			····· • [
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized co					
Ms. Emily Buchanan	[Electronica	ally Filed] Da	ate 08	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature						

Schedule E)	PAGE 14 OF 14 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	C C00530766				
Check if 24-hour report					
Full Name of Payee Date	of Public Distribution/Dissemination				
Chris McCoy	08 17 2014				
Mailing Address 1025 Cayley Ct Amou	unt				
City State Zip Code	18.30				
High Point NC 27260 Trans Date	Transaction ID : de551e50-22dd-4ef3-9 Date of Disbursement or Obligation				
Purpose of Expenditure Mileage Category/ Type 002	08 / 17 / 2014				
Name of Federal Candidate Support Office Sough	ht: House District: 00				
Ms. Kay Hagan Presid	NC NC				
Calendar Year-To-Date Per Election for Office Sought Disbursemer 2014 244031.57	nt For:				
	of Public Distribution/Dissemination				
Mailing Address	M = M / D = D / Y = Y = Y				
Amou	unt				
City State Zip Code	7 7				
	of Disbursement or Obligation				
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y				
Name of Federal Candidate Support Office Sough	ht: House District:				
Oppose Presid	dent Senate State:				
Calendar Year-To-Date Per Election for Office Sought Disbursement	ont For:				
	Carlot (opeony) -				
(a) SUBTOTAL of Itemized Independent Expenditures	18.30				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	771.42				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Emily Buchanan [Electronically Filed] Date Signature	19 / 2014				